

Homelife (Leeds) Limited

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Inspection report

Homelife (Leeds) Limited

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection carried out 27 October 2015. At the last inspection in December 2013 we found the provider met the regulations we looked at.

Homelife is a specialist domiciliary care agency which supports people who are deaf and hearing impaired or have complex additional needs. It is part of an organisation, which also has supported living and a day care facility.

A registered manager was in post and present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

We looked at records relating to the personal care that the service was providing and found care was well planned and reviews involved the people receiving care and their families.

Recruitment procedures were effective with appropriate checks made on people's employment histories and with the Disclosure and Barring Service (DBS).

People told us they felt safe using the service. We observed very good relationships between people and their support workers and saw policies and practice that ensured people's privacy and dignity were respected. Staff spoke highly of the registered provider and felt well supported by them.

We accompanied staff to the home of a person who used the service and observed good interactions between the person and their support worker.

We saw the support plan was detailed and included information on how to meet the person's religious and cultural needs, the activities they took part in and how to manage any behaviour that could be challenging.

The staff we spoke with were able to describe how the person preferred their care and support to be delivered and the importance of treating them with respect in their own home. The person who used the service told us staff were very caring and always provided care and support in line with their agreed support plan.

The provider had policies and procedures relating to the safe administration of medication in people's own home which gave guidance to staff on their roles and responsibilities.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. The person we spoke with told us they were aware of the complaints procedure and would have no hesitation in making a formal complaint if they had any concerns about the standard of care provided.

We saw the provider had a quality assurance monitoring system that continually monitored and identified shortfalls in service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had a good understanding of safeguarding and how to appropriately report abuse.

Risk was assessed and managed in order to keep people safe.

There was a robust recruitment policy in place which was adhered to.

Good



Is the service effective?

The service was effective.

People felt that they were supported by staff with the skills and experience to provide the care they needed.

Staff received regular feedback and supervision to support their delivery of effective care.

Good



Is the service caring?

The service was caring.

We saw the person was able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed.

Staff gave good examples of how they maintained people's dignity. One staff member told us, "I treat people how I would like to be treated."

Good



Is the service responsive?

The service was responsive.

Care needs were assessed, planned, documented and reviewed regularly.

People were consulted in the review of their care.

There was a complaints procedure for people to raise their concerns and this was supplied to people who used the service in an easy read format.

Good



Is the service well-led?

The service was well led.

The registered provider kept staff informed about the business and the staff felt listened to. Staff we spoke with were positive about the registered provider and told us that they enjoyed working for the company.

Any incidents and accidents were recorded and addressed. The registered manager put actions in place to prevent re-occurrence.

A range of audits and quality assurance systems were used to identify areas of improvement.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in. The inspection was carried out by one adult social care inspector.

At the time of the inspection there was only one person receiving a service from Homelife Leeds. We visited the

person receiving personal care to speak with them about the care they received. At the agency office we spoke with four members of staff, the registered manager and the development manager. The staff at Homelife Leeds are known as support workers. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at the person's care and support plan and medication records.

Before the inspection we reviewed the information that we held about the service and service provider. We contacted both the local authority and Healthwatch, neither had any concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

The person who used the service told us that they felt safe with their support worker and enjoyed a good relationship with them. They told us “I’ve no worries at all. [Name] keeps me safe.” We saw positive interaction during our visit and saw that the person who used the service was happy and comfortable with their support workers.

The care plan we looked at showed the person had their risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover daily activities such as travel, money management, medication and health and safety issues. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. The assessment was detailed and had been signed by the person who used the service.

The provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concerns. Safeguarding training was given during induction. We spoke with the staff providing care and the registered manager about safeguarding and found they had a strong understanding of types of abuse people may be at risk from and how to report any concerns.

We looked at recruitment records of care staff. We saw that appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring

Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. We saw evidence of this at the inspection.

We found staffing levels were sufficient to meet the needs of the person who used the service. The registered manager told us the staffing levels agreed for this person’s needs were being complied with, and this included the skill mix of staff.

The provider had policies and procedures relating to the safe administration of medication in people’s own homes which gave guidance to staff on their roles and responsibilities. The policy we looked at made it clear to staff they must seek people’s consent before they assisted them to take their medicines. The registered manager told us staff were not allowed to assist people with their medicines until they had completed appropriate training. At the time of our visit the service was supporting one person with their medication. We asked the person whether the staff helped them with this. They told us “Yes they come from the chemist already in boxes for me.” We saw appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MARs showed staff were signing for the medication they were giving.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately.

Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon. There were systems in place to make sure any accidents or incidents were reported. Support workers we spoke with were aware of their responsibility to report any accidents or incidents to the provider.

Is the service effective?

Our findings

The person we spoke with said staff knew how to care for them and had the right skills and abilities to do their jobs. The person said, “Yes, they do know how to look after me.” We asked the person whether they were supported by a member of staff with the right skills and experience. They told us, “They all know exactly what they are doing.”

The provider had identified training that staff needed in order to provide care and support effectively. Staff we spoke with told us they had completed training in 2015, which included training in food hygiene, moving and handling health and safety, medication and safe practices.

One staff member told us, “I feel I get enough training to do my job.” We looked at staff training records which showed staff had completed a range of training sessions in 2015 as described by staff.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff we spoke with said they had regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. We looked at staff records which confirmed staff received supervision and appraisal several times a year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with understood their obligations with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we spoke with told us they had completed MCA training and the records we looked at confirmed this. One staff member said, “It is important people can make their own decisions and find ways to communicate.”

We saw the person who used the service had given consent to record information during their assessment and to share this information with others involved in their health care. They told us their consent was sought by staff before any intervention or provision of care and/or support. The person said, “They always ask you.” We saw staff gave an explanation and waited for them to respond before they helped them to undertake care or support tasks.

The dietary needs of the person who used the service was assessed and detailed in their support plan. This included likes and dislikes and any specialist dietary requirements. The person who used the service said they had a good diet and plenty of home cooking which they enjoyed.

Records showed that arrangements were in place that made sure the person’s health needs were met. We saw evidence in care records and reviews that support workers supported the person who used the service to attend medical appointments and health checks when needed.

Is the service caring?

Our findings

The service provides support to the person who used the service with communication support under the consolidation and development of Independent Living Skills. This comprises of changing spoken English or text to sign assisted English or BSL sign. Breaking the language down further into basic signs. The staff were trained to understand and communicate with the person.

We asked the person receiving support about their relationship with the member of staff. They told us “[Name of carer] is a treasure, always kind and respectful. We observed their interaction with staff which was friendly. The member of care staff told us “I always put myself in their position. I think about how I would want to be treated.”

We saw the interactions between staff and the person been supported were unhurried, friendly and sensitive. We saw the person was well dressed and well-groomed which is achieved through good care standards. The person spoken with told us what they thought about the attitude of the staff and comments included, “They are always polite and respectful, very kind”. One staff member said, “We give quality care and meet people’s needs. Care is really good and we maintain independence with personal care needs.”

We saw the person was able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The person said they could make their own choices about care and day to day events. “You get the required support for making your choices. You get as much information as you need. I feel I make all my own decisions.”

The person spoken with said staff protected their privacy and dignity and helped them maintain their independence. We saw staff were very discreet when addressing personal care issues with people. The person said, “I’m able to do what I want at the pace I want to.” “They let me do as much as I can unless they think I’ll do myself harm.”

Staff had a good understanding of equality and diversity and we saw support was tailored to meet people’s individual needs. Staff gave examples of how they maintained people’s dignity. One staff member told us, “I treat people how I would like to be treated. I always knock on people’s doors and ask it is ok to help them.” The person told us their carer was always mindful of their privacy.

Is the service responsive?

Our findings

The care records contained a clear assessment of the person's needs made before they started to receive care. This included the types of assistance needed, how the person liked to receive assistance and at what time. We saw that the care planning policy contained guidance for staff to enable them to make the person feel 'comfortable and secure' before starting the process. This included maintaining eye contact and engaging in conversation about the person's life.

We saw that people's views about the service were being sought when their care was reviewed. In one review dated in July 2015 the person had been asked what was working well for them, how they found the service overall and how satisfied they were with the service overall. We saw comments such as 'first class' and 'brilliant' had been made.

The care plan we looked at was detailed and personalised to ensure that support was provided according to the person's preference. Staff and the registered provider had considerable knowledge of the person's preferences and wider life and we observed a friendly and supportive relationship between the person and their carer when we visited their home. Feedback from the person in their care plan review stated 'They do everything and anything that I need,' and the person also told us this when we spoke with them.

The person who used the service received care which was personalised and responsive to their needs. Staff

demonstrated a knowledge and understanding of their care, support needs and routines and could describe care needs provided for the person. Staff told us the care and support plans were reviewed on a regular basis. The person who used the service told us, "I couldn't be happier with the way I'm looked after. I'm spoilt."

The person spoken with told us they had been involved in developing their care and support plans and in reviews of them. They felt they had been listened to and their needs were a priority. They said the care and support plans met their current needs and if any adjustments were made then they were involved in that. The person told us, "I'm fully involved."

The person we spoke with told us they had no complaints. They said they could approach any member of staff with a concern and it would be taken seriously.

We looked at the complaints records and were able to see a clear procedure that had been followed when complaints had been investigated. There was information recorded about the outcome or actions taken. We also saw the complaint information was reviewed on a monthly basis, which helped the service make improvements where necessary. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We noted the complaints policy and procedure was in the file of the person who used the service and gave step by step guidance on how to make a complaint and the procedure the service followed when managing complaints.

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager had good knowledge of the support needs of the person who used the service and could describe the service well.

The registered manager told us they devised questionnaires to give to people who used the service and professionals to gain their views of the service. We saw several which had been returned showed overall satisfaction with the service. Comments included “Completely satisfied with the service and general helpfulness of friendly staff” and “Good general and personal care.”

Staff we spoke with confirmed if any incidents occurred within the service this information was shared to ensure lessons were learnt. Staff we spoke with said important information was communicated to the team. They confirmed regular staff meetings took place where they talked about customer care and safety. We looked at some minutes of these meetings and saw that topics relating to quality and safety had been discussed.

Staff told us that meetings with the registered provider took place and they felt able to contribute and share

information. One member of staff told us “We discuss plans for the business and if we raise any concerns about a person then [the registered provider] goes to check on them.” We saw the minutes from the July 2015 staff meeting in which feedback about the company had been sought from staff and information about policies and procedures and future plans for the service shared. This meant that staff were being kept up to date with changes to the service and were able to contribute to its development.

Staff we spoke with were positive about the registered provider and told us that they enjoyed working for the company. One told us “We have a very good manager that is always there for you.” Another said “They understand what goes on and are always there to support.”

There was a range of audits in place to ensure service improvement. Audits included; medication, care records and reviews. The development manager undertook a monthly audit of the service to check on the quality of the service delivered. The audits reviewed any action that had been identified at the previous audit to ensure completion; they then identified any action that needed to be taken. We saw that where actions had been completed this had been recorded.